

KanCare Serious Mental Illness (SMI) Health Homes Program Outreach and Due Diligence

Health Home Program Health Action Plans (HAPs) are to be completed within 90 days of enrollment with the Health Home Partner. The checklists identify action steps and suggest research methods to locate and engage clients. The Program expects providers to incorporate these recommendations in their operations.

CHECK LIST 1 – Incorrect/missing phone number:

We recommend the following be done at the time of the call:

- ☐ Send Mailing
- ☐ Check alternate database/resource (Lead/MCO systems/DCF)
- ☐ Connect with most recent pharmacy or provider; leave note for beneficiary/checking for new address or phone

All attempts at outreach should be documented. Attempted address, phone number, date, time, should all be included in each note. Any individual contacted should have name/contact info listed.

Check List 2 – Beneficiary that can not be located at listed address

- ☐ Check alternate database/resource (Lead Entity/MCO systems/DCF)
- ☐ Connect with most recent pharmacy or provider; leave note for beneficiary/checking for new address or phone

All attempts at outreach should be documented. Attempted address, phone number, date, time, should all be included in each note. Any individual contacted should have name/contact info listed.

CHECK LIST 3 - Correct number or valid address confirmed, but can't reach or leave message:

- ☐ Attempt another early morning or evening call, if possible
- ☐ Follow-up with other phone call within 7 days

If unable to connect after 7 days, attempt alternate methods:

- ☐ Send Mailing
- ☐ Check alternate database/resource (Lead Entity/MCO systems/DCF)
- ☐ Connect with most recent pharmacy or provider; leave note for beneficiary/checking for new address or phone

All attempts at outreach should be documented. Attempted address, phone number, date, time, should all be included in each note. Any individual contacted should have name/contact info listed.

Lead Entities will not remove members who are not engaged from the panel listings in the absence of a refusal or discharge form. If no contact is made a one time payment for outreach can be received.

NOTE: FOR ITEM 4 to Apply, Contact Must be Made with Member/Guardian

CHECK LIST 4 - Beneficiary contacted, but is not fully engaged and has not Opted Out

- ☐ Ask permission to either send or drop off additional information.
- ☐ Ask permission to call person back after he/she had a chance to review the information. Give specific timeframe and then call back as stated. A shorter timeframe (e.g. 1 or 2 weeks) is typically more effective.
- ☐ Ask permission to keep the person informed about the Health Home program.
- ☐ Propose that the person remains in the program on a trial basis.
- ☐ Propose that the person remains in the program to support their future needs.
- ☐ If you believe the beneficiary is high risk and insists on opting out, connect with that person's medical provider. Share the benefits of the HH program, informing the provider of that service being available to the beneficiary.
- ☐ Encourage Member to contact Lead Entity/MCO Member Services for Program Information, PCP Assignment Confirmation
- ☐ Opt Out Information provided only upon member request

All attempts at outreach should be documented. Attempted address, phone number, date, time, should all be included in each note. Any individual contacted should have name/contact info listed.